



Servants of Mary Center Petit Goave, Haiti



www.childjesusschool.net
501(c)(3) charitable institution

Donor Information (please print or type)

Name: _____

Billing address _____

City: _____ State _____ Zip Code: _____

Phone #1 _____ Phone #2: _____

e-mail: _____

Pledge Information: Recommended Minimum \$120.00 annually (\$10.00 monthly)

I(we) pledge a total of \$ _____ to be paid: ____ annually ____ monthly

Please make checks or other gifts payable to **Secular Order of Servants of Mary** and mail to:

Father Vidal Martinez, OSM
3121 West Jackson Blvd
Chicago, IL 60612-2729

Credit Card Information

Visa Name on Card _____

M/C Card Number

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Exp. Date

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

CVV Code

| | | |
|--|--|--|
| | | |
|--|--|--|

Signature _____ Date: _____

By signing this document, I give permission to the Order of Servants of Mary and Child Jesus School to charge my credit card/bank card the amount selected for the pledge. The credit card/bank card will be charged on the 1st or 15th day of each month. Please select the best day to charge your credit/bank card:

__ 1st day of each month __ 15th day of each month